

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007046

STATE FILE NUMBER

AMENDED

Registration District No. 173Primary Registration District No. 4272Registrar's No. 17**FILED MAR 7 1962**

1. PLACE OF DEATH

a. COUNTY

Lafayette

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Waverly, Missouri

Length of stay in 1b

Minutes

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Kelling Medical Center

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Lafayette

admission)

c. CITY
OR
TOWN

Higginsville

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Henry

Middle

John

Last

Meyer

4. DATE
OF
DEATH

Month

2

Day

27

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-6-1890

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

0

IF UNDER 24 HR

Days

21

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY

Blacksmithing

11. BIRTHPLACE (City and state or country)

Concordia, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Henry Fred Meyer

13b. MOTHER'S MAIDEN NAME

Caroline Griffel

14. NAME OF HUSBAND OR WIFE

Louise Griffel Meyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes

World War I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Delmar Meyer

Higginsville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MYO-CARDIAL INFARCTION

INTERVAL BETWEEN
ONSET AND DEATH
ABOUT 1 HOURConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE

DUE TO (c)

UNKNOWN

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-20-62 to 2-27-62 and last saw her/him alive on 2-27-62Death occurred at 6:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Gene A. McTadden MD.

22b. ADDRESS

WAVERLY, MISSOURI

22c. DATE SIGNED

2-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-2-1962

23c. NAME OF CEMETERY OR CREMATORY

Trinity Lutheran

23d. LOCATION (City, town, or county)

Alma, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

F. A. Hoefer Higginsville, Mo.

25. DATE RECD. BY LOCAL REG.

Mar. 1 - 1962

26. REGISTRAR'S SIGNATURE

Lutis Jordan Jordan

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Forest R. Hofer

Licensed Embalmer No. 4801

P. O. Address Higginsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.